

Overview and Status of Key Public Health Programs in Rhode Island September 1999

Adult Immunization: The Rhode Island Department of Health (HEALTH), Rhode Island Quality Partners, and Blue Cross/Blue Shield of Rhode Island formed the Ocean State Adult Immunization Coalition (OSAIC) in 1997. After its first year, flu immunization rates among people ages 65 and older increased 2.1%. The greatest gains were among African Americans, whose rates increased 5.7%. In recognition of their efforts, in 1999 the OSAIC received the Adult Immunization Achievement Award by the Health Care Financing Administration and Centers for Disease Control and Prevention. The OSAIC is comprised of a diverse group of thirty-five member organizations, including: VNA's, HMO's, hospitals, AARP, RI Lung Association, and social service agencies. The following efforts are planned for the 1999-2000 flu season: distribution of 1,250 adult immunization toolkits to physician offices; transit shelter advertising in English and Spanish; radio announcements in English and Spanish; posters and flyers in five languages (English, Spanish, Cambodian, Laotian, Portuguese); senior flu shot kick-off event; 1-800 FLU hotline staffed by retired senior volunteer program; and community flu clinics at 250 sites sponsored by VNA's.

Air Pollution: The Lexington lab of the Environmental Protection Agency has asked HEALTH's Air Pollution laboratory if it would consider analyzing air samples from Massachusetts and New Hampshire for the presence of a variety of volatile toxic compounds. HEALTH has the equipment and expertise to perform these analyses. Rhode Island has been analyzing for toxics chemicals at the Francis Elementary School, in East Providence, and the Alton Jones Campus of URI, since 1997. HEALTH has agreed to perform the EPA analyses which will involve about 5-6 air samples a week. The City of Newport has requested that DEM and HEALTH collect and analyze air samples, to determine the impact that tour bus and automobile traffic has on local air quality.

Bathing Waters: The Office of Food Protection has received USEPA funding to reduce the public health risk associated with swimming in saltwater bathing areas which historically have been contaminated due to combined sewer overflow (CSO) discharges. The goal of the EMPACT program (Environmental Monitoring, Protection and Community Tracking) is to provide the public with real-time access to data and information about beach safety and to ultimately develop a predictive

model for beach closures based on rainfall and/or potential CSO discharges. Sampling of bathing areas is conducted, specimens are immediately brought to a laboratory and results of fecal coliform testing are available in 24 hours. Prominent "NO SWIMMING" signs are posted along those beaches which pose a public health threat. Sources of contamination are evaluated and beaches are monitored weekly during bathing season.

Bioterrorism: HEALTH has recently organized an interagency committee to develop a comprehensive plan to address public health issues associated with a bioterrorist event. HEALTH has received a federal grant to support the development of a public health response should a bioterrorist attack happen in Rhode Island. The grant will enable the Department to expand the capacity of the public health laboratory and epidemiology to effectively prepare for bioterrorist events. Furthermore, the grant will develop a health alert network that can be activated to mobilize the healthcare community in response to infectious disease outbreaks whether natural or intentional.

Cardiac Services Registry: The Rhode Island Cardiac Services Registry was established in 1994 in order to assess the utilization and need for invasive cardiac services provided in Rhode Island. Subsequently, the scope of the Registry was expanded to examine and report on outcomes of these procedures at the hospitals providing these services. The Registry includes data for all procedures performed during the period 1995-1997, which include 17,964 angiographies, 5,955 angioplasties, and 3,503 coronary artery bypass grafts (CABG). The data will be used by the hospitals as part of their quality improvement programs. HEALTH will use this data to monitor the quality of care provided by these cardiac programs and will consider relevant changes in policy and regulations.

Communication Campaign: HEALTH has developed and implemented several health communication campaigns united under the theme "Make Health Part of Your Family." Over the last two years, HEALTH planned and implemented campaigns on lead poisoning prevention, childhood immunization, adult immunization, and vasectomy. HEALTH is currently working on campaigns on adolescent health, breastfeeding, WIC, and KIDS NET. HEALTH finances this effort by blending categorical resources and seeking corporate sponsors.

Dioxin Contamination: A partnership of State, Federal, and local agencies is focusing on the problems of dioxin contamination in the Woonasquatucket River in North Providence, testing to characterize the extent of dioxin contamination emanating from the Centredale site.

Putting other contaminated urban sites back into productive use is the goal of the Brownfields program. For Brownfields redevelopment to be successful, community input from neighboring residents is essential. HEALTH and its community partners have produced a low-literacy booklet on Brownfields in both Spanish and English as a tool for residents to understand the environmental impacts that Brownfields redevelopment can have on their communities.

Environmental Tobacco Smoke: The effort to eliminate environmental tobacco smoke exposures to the general public continues. Modest changes to the Smoking in Public Places Act were pursued vigorously this summer, with enforcement efforts conducted with respect to last year's amendment banning smoking in Laundromats. Compliance with the law requiring posting of signs and eliminating smoking increased from 60% to 100% with the help of Rhode Island's Substance Abuse Task Forces conducting visits at local laundries.

Genetics: The Director of Health has appointed a Genetics Core Team to conduct a self-assessment of each Division's involvement with genetics and to provide them with genetic awareness. HEALTH has also partnered with March of Dimes and Rhode Island Healthy Mothers, Healthy Babies Coalition creating the Rhode Island Genetics Task Force, to increase (joint) quality improvement activities with regard to birth defects and genetics counseling. In early 2000, there will be a seminar to bring together public health officials, lawyers, and judges as well as the Departments of Education and Economic Development to explore the implications of the new genetic advances.

Health Care Quality Performance Measurement & Reporting Program: This program is developing a new system for measuring and reporting on the quality of health care services delivered in the State. Development of clinical performance and patient satisfaction measures for hospitals is the current year objective. Similar development for nursing homes, home health agencies including hospices, ambulatory surgery centers, and other licensed health care facilities will follow. The primary purpose is to make available to the public information on the quality of health care services. Initial data collection will utilize uniform patient satisfaction measures and core clinical measure sets for hospital reporting. Coordination of similar efforts with HCFA (Sixth Scope of Work) and JCAHO (ORYX) are underway. HCUP-3 Quality indicators and administrative databases such as the Hospital Discharge Data set are additional sources to be analyzed in order to meet program reporting requirements. Additionally, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) status of all

hospitals in Rhode Island will be available on HEALTH's website (www.health.state.ri.us).

HIV/AIDS: Rhode Island has been nationally recognized for its efforts in delivering HIV prevention programs. Most recently the CDC awarded HEALTH a minority HIV prevention supplemental award to specifically outreach to the Hispanic and African-American populations. In addition, innovative HIV prevention programs like HEALTH's capacity building project (REACH) Relating, Exchanging and Capacity Building for HIV prevention, HEALTH's prison project ASAP (AIDS Services After Prison), the Inner Circle youth project, and HEALTH's faith curriculum project have all been recognized as successful interventions. The RI Community planning Group for HIV Prevention has also received recognition from the CDC for its extensive planning efforts.

Lead Poisoning Prevention: Childhood lead poisoning continues to be the major environmental health problem facing children in Rhode Island. Recent initiatives include enhancing outreach efforts to reach non-English speaking families and increasing accessibility to lead safe housing through increasing the number of units and providing better dissemination of information on their availability. HEALTH has in place contracts with the first of the "Lead Centers," which will coordinate the medical and non-medical services required to reduce a lead poisoned child's blood lead level and prevent secondary conditions.

Managed Care Regulation: Recently, legislative amendments have been made to the *Health Care Accessibility and Quality Assurance Act* and the *Health Care Services - Utilization Review Act* in Rhode Island. A member satisfaction survey is now a requirement under the statute and the amended rules and regulations governing health plans. HEALTH has received 1998 statistical information from the Rhode Island certified health plans, and is in the process of analyzing this information for public distribution. As of January 2000, jurisdiction over retrospective review will be included in the rules and regulations governing utilization review. Currently, there are 58 certified health plans and 58 certified utilization review agencies within the state.

Minority Health: In September of 1998, HEALTH's Executive Committee and the Minority Health Advisory Committee (MHAC) held a joint retreat. The purpose of this joint retreat was to identify strategic minority health priorities. Prior to this retreat, the two groups engaged in activities to identify community needs including a series of community forums and an internal assessment of all HEALTH's programs. The four strategic priorities ultimately chosen were:

improving workforce diversity, improving diversity on boards and commissions, improving collection of racial and ethnic data, and ensuring that all HEALTH programs integrated and addressed the needs of racial and ethnic minorities within their specific programmatic activities.

Other New Legislation: A new law establishes that the attorney general "has the authority to advocate for and on behalf of the citizens of Rhode Island to assure that quality health-care standards are met." It also creates the position of health-care advocate, a lawyer who could file briefs in civil actions involving health-care quality, intervene in or request actions by other state agencies related to health care, and review or investigate complaints. A Rhode Island law that took effect in 1995 requires equal health insurance coverage for mental and physical illnesses. The change enacted this year gives HEALTH enforcement powers, and specifies that aggrieved patients may appeal under the terms of the Utilization Review Act. A new law states that for patients in the state's RItE Care program, a visit to the emergency room must be covered by health insurance if the symptoms would appear to a "prudent layperson" to constitute an emergency. Under the Health Plan law, RItE Care's definition of emergency services applies to all plans, extending this change to everyone. The legislature this year also empowered HEALTH to regulate surgery in doctor's offices. The Assembly also extended the moratorium on new nursing home beds to the Year 2004, with the exception that residential care facilities can establish nursing homes at the same site so patients advancing from assisted living to skilled nursing care won't have to move to another facility.

RItE Care: Recent expansions to the RItE Care program, administered by the Department of Human Services (DHS), include increases in the income levels at which families are eligible, making all children eligible regardless of immigration status, increasing the age of eligible children from 18 to 19, and allowing the parents of RItE Care-enrolled children who fall within certain income levels to be eligible. The DHS Center for Child and Family Health has also launched an aggressive outreach campaign throughout the state to make more Rhode Islanders aware of the newly expanded program and to enroll more uninsured Rhode Islanders.

Website: HEALTH's Website (www.health.state.ri.us) provides access to key information about public health in Rhode Island. It won a national award for health information in 1998. It includes archived press releases, communicable disease information, minority health profiles,

cancer registry data, nursing home quality data, health plan disclosures, physicians profiles, regulations, childhood immunization schedules, newsletters, special (cardiac care outcomes) reports and much more. Future plans include programs for on-line data collection (Health Plans), licensing, vital statistics, and real-time data analysis.

Worksite Wellness: In 1997 HEALTH provided the initial leadership which led to the formation of the first Worksite Wellness Council in New England. The Worksite Wellness Council of RI (WWCRI) is composed of representatives of business, health plans, labor, HEALTH, and others. The WWCRI is affiliated with WELCOA and has joined with them in an initiative to make the State of Rhode Island the "First Well" State in the nation by 2002. To achieve this goal, the State of Rhode Island must have more than 20% of its workforce employed in WELCOA certified "Well Work Places."

Youth: A youth development approach to health initiatives for school-aged youth is reflected in HEALTH's partnerships with the Departments of Human Services; Education; and Children, Youth and Families. Those partnerships resulted in: a comprehensive Statewide Teen Pregnancy Prevention Plan, submitted to the Children's Cabinet, to strengthen families and communities' abilities to provide for the developmental needs of youth; a state/local/public/private coalition to increase the number of school-based health centers (SBHC) and lay a foundation for their stable financial support; a RI Fathers and Families Network, and a male role capacity building program called Men 2B; implementation work groups for RI's Comprehensive School Health Plan; recommendations and funding for development of quality after school programs; a Policy-makers Team, Youth Success Cluster to provide leadership and cohesion to state efforts on behalf of youth; and a statewide public engagement campaign, directed at adults, to communicate positive images of youth and to offer help in addressing youth developmental needs.